

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)	09/830380					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						61					
2	/						62					
3	/						53					
4	/						54					
5	/						66					
6	/						66					
7	/						57					
8	/						58					
9	/						59					
10	/						60					
11	/						61					
12	/						62					
13	/						63					
14							54					
15							66					
16							66					
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37							87					
38							88					
39							89					
40							80					
41							91					
42							92					
43							83					
44							94					
45							86					
46							96					
47							97					
48							98					
49							98					
50							100					
TOTAL IND.	4						T TAL IND.					
TOTAL DEP.	9						TOTAL DEP.					
TOTAL CLAIMS	13						T TAL CLAIMS					

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